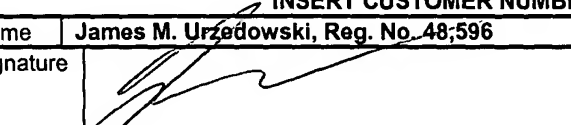



Vidas, Arrett & Steinkraus Utility Patent Application Transmittal		Atty. Docket No		S63.2-10990
		First Inventor		Tracee Eidenschink
		Title:		CATHETER WITH SHEATHED HYPOTUBE
		Express Mail Label No.		EV342628996US
Application Elements		Address To:		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form Pages 2 <input checked="" type="checkbox"/> Check Included</p> <p>2. <input type="checkbox"/> Applicant claims small entity status</p> <p>3. <input checked="" type="checkbox"/> Specification (including 0 pg cover sheet, 7 pg description, 3 pg claims and 1 pg abstract) Pages 11</p> <p>4. <input checked="" type="checkbox"/> Drawings Pages 4</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration Pages 3 a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 19 completed) i. <input type="checkbox"/> Deletion of Inventor(s) – signed statement attached deleting inventors named in the prior application Pages</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet Pages 2</p> <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents and check) Pages 2 <input type="checkbox"/> Previously recorded on , Reel , Frames</p> <p>8. <input checked="" type="checkbox"/> Power of Attorney Pages 1 <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement (when there is an assignee) Pages</p> <p>9. <input type="checkbox"/> English Translation Document Pages</p> <p>10. <input type="checkbox"/> Information Disclosure Statement Pages <input type="checkbox"/> Copies of Citations (references)</p> <p>11. <input type="checkbox"/> Preliminary Amendment Pages</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard Pages 1</p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document Pages</p> <p>14. <input type="checkbox"/> Nonpublication Request Pages</p> <p>15. <input checked="" type="checkbox"/> Constructive Petition Pages 1</p> <p>16. <input checked="" type="checkbox"/> Limited Authorization Pages 1</p> <p>17. <input checked="" type="checkbox"/> VAS Utility Patent Application Transmittal Pages 1</p> <p>18. <input checked="" type="checkbox"/> Other assigner of ownership Pages 2</p>				
<p>19. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part Of prior application no.</p> <p>Prior Application Information: Examiner Group Art Unit</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.</p>				
<p>20. TOTAL NUMBER OF PAGES 31</p>				
<p>21. CORRESPONDENCE ADDRESS</p> <p style="font-size: 2em; margin: 20px 0;">490</p>				
<p>INSERT CUSTOMER NUMBER LABEL ABOVE</p>				
Name		James M. Urzędowski, Reg. No. 48,596		
Signature				Date 9/17/2003

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10/664132



09/17/03

FEE TRANSMITTAL for FY 2003				Complete if Known			
Patent fees are subject to annual revision.				Application Number		--	
				Filing Date		Concurrently herewith	
				First Named Inventor		Tracee Eidenschink	
				Examiner Name		--	
				Art Unit		--	
<input type="checkbox"/> Applicant claims small entity status. See CFR 1.27				Attorney Docket No.		S63.2-10990	
TOTAL AMOUNT OF PAYMENT (\$) 790.00							
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
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Deposit Account Number: 22-0350 Deposit Account Name: Vidas, Arrett & Steinkraus							
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge the fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
1001	750	2001	375	Utility filing fee	\$750.00		
1002	330	2002	165	Design filing fee	---		
1003	520	2003	260	Plant filing fee	---		
1004	750	2004	375	Reissue filing fee	---		
1005	160	2005	80	Provisional filing fee	---		
SUBTOTAL (1)				(\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		Extra Claims		Fee from below		Fee Paid	
16		-20** =		X		=	
Independent Claims		-3** =		X		=	
2							
Multiple Dependent							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
1202	18	2202	9	Claims in excess of 20	---		
1201	84	2201	42	Independent claims in excess of 3	---		
1203	280	2203	140	Multiple dependent claim, if not paid	---		
1204	84	2204	42	** Reissue independent claims over original patent	---		
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	---		
SUBTOTAL (2)				(\$)			
** or number previously paid, if greater; For Reissues, see above							
				Other fee (specify):			
				*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$) 790.00	
SUBMITTED BY				Complete (if applicable)			
Name (Print/Type)		James M. Urzedowski		Registration No.		48,596	
				(Attorney/Agent)		Telephone 952-563-3000	
Signature				Date		9 / 17 / 2003	

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